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The situation in the Middle East

Question of Palestine

Report of the Special Committee to Investigate Israeli Practices Affecting the Human Rights of the Palestinian People and Other Arabs of the Occupied Territories

Permanent sovereignty of the Palestinian people in the Occupied Palestinian Territory, including Jerusalem, and of the Arab population in the occupied Syrian Golan over their natural resources

Letter dated 15 May 2001 from the Permanent Observer of Palestine to the United Nations addressed to the Secretary-General

I have the honour to transmit to you herewith the text of resolution 115/6053, entitled "Question of Jerusalem", which was adopted by the Council of the League of Arab States meeting at its one hundred and fifteenth regular session at the level of ministers for foreign affairs, held at the seat of the League's secretariat in Cairo on 12 March 2001.

I should be grateful if you would have this letter and its annex circulated as a document of the General Assembly, under agenda items 40, 41, 85 and 98, and of the Security Council.

(*Signed*) Nasser **Al-Kidwa**
Ambassador
Permanent Observer

01-37745 (E) 210501 210501

Annex to the letter dated 15 May 2001 from the Permanent Observer of Palestine to the United Nations addressed to the Secretary-General

Question of Jerusalem

The Council of the League of Arab States,

Having considered:

The note by the Secretariat;

The recommendation adopted by the Arab Conference of Officials in Charge of Palestinian Affairs in the Host Countries at its sixty-fifth session;

The relevant resolutions of the Summit Conferences and of the United Nations;

Its previous resolutions on the same subject;

And the recommendation of the Political Affairs Committee,

Noting with concern the deteriorating situation in the city of Jerusalem caused by ongoing Israeli practices aimed at its Judaization and at the expulsion of its Palestinian residents and the seizure of their property and resulting from the expansion of existing settlements and the repeated imposition of closures,

Decides:

1. To affirm Palestinian sovereignty over East Jerusalem and the importance of the city both as the capital of the State of Palestine and in order to ensure geographical contiguity and the freedom of movement and of economic activity of the Palestinian people;

2. To affirm the Arab character of Jerusalem and of its antiquities and Holy Places, and in particular the status of the Buraq Wall (Western Wall) as an Islamic, Palestinian and Arab monument; and to confirm the December 1930 findings of the Commission appointed by the British Government, with the approval of the Council of the League of Nations, concerning the Arab right to the Western or Wailing Wall [A/7057/Add.1-S/8427/Add.1];

3. To hold Israel responsible for any danger to the Buraq Wall, of any kind whatever, arising out of any threatened assaults upon it by the Israeli authorities or by Jewish extremists;

4. To affirm the established Arab position concerning the illegal character of moves to relocate the embassy of the United States of America to Jerusalem; and to recall the resolution adopted by the Eleventh Arab Summit Conference, held in Amman in 1980, concerning the severance of relations with countries that relocate their embassies to Jerusalem or recognize the city as the capital of Israel;

5. To urge the international community to bring pressure to bear on Israel to halt all of its illegal practices and measures in Jerusalem, which are in violation of all the relevant international covenants and conventions, and to do so in particular in

relation to settlement activities, the expropriation of land, excavations, the withdrawal of identity documents and the imposition of blockades;

6. To call upon humanitarian and human rights organizations to support the litigation seeking to establish that the leasing by the United States of America of the land on which it intends to build its embassy is illegal;

7. To intensify efforts with the United Nations Educational, Scientific and Cultural Organization to give effect to Executive Board decision 159 EX/3.4.1, relating to Jerusalem, and to General Conference resolution 30 C/28 in order to ensure the completion of the mission entrusted to the American expert Oleg Graber, who, in accordance with the spirit of the 1972 Convention for the Protection of the World Cultural and Natural Heritage, was commissioned to prepare a report on the cultural heritage of Jerusalem;

8. To appeal to the United Nations and its specialized agencies as well as to other international and regional organizations to refrain from participating in conferences held in Jerusalem as long as the city is occupied and no agreement in its regard has been reached;

9. To request the Secretariat to intensify its consultations with all the members of the Security Council and with other States in order to explain the issue of Jerusalem, affirm the Arab position in its regard and state that position at international conferences and in international forums and to strive for compliance with the resolutions that embody international legitimacy, specifically Security Council resolution 242 (1967), in which the Council emphasizes the inadmissibility of the acquisition of territory by force, and resolution 252 (1968), in which it considers Israeli measures for the Judaization of the city of Jerusalem to be illegal;

10. To take the necessary measures to have the Al-Aqsa Fund play a more active role in funding projects for the preservation of the Arab and Islamic identity of Jerusalem and for enabling the Palestinian economy to develop its indigenous capacities, disengage from the Israeli economy and cope with the policy of isolation and blockade.

Resolution 6053
One hundred and fifteenth regular session
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The situation in the Middle East

Question of Palestine

Report of the Special Committee to Investigate Israeli Practices Affecting the Human Rights of the Palestinian People and Other Arabs of the Occupied Territories

Security Council
Fifty-sixth year

Letter dated 15 May 2001 from the Permanent Observer of Palestine to the United Nations addressed to the Secretary-General

I have the honour to transmit to you herewith the text of resolution 115/6057, entitled "Dubious attempts by Israel to have a number of archaeological sites in East Jerusalem inscribed on the World Heritage List", which was adopted by the Council of the League of Arab States meeting at its one hundred and fifteenth regular session at the level of ministers for foreign affairs, held at the seat of the League's secretariat in Cairo on 12 March 2001.

I should be grateful if you would have this letter and its annex circulated as a document of the General Assembly, under agenda items 40, 41 and 85, and of the Security Council.

(*Signed*) Nasser **Al-Kidwa**
Ambassador
Permanent Observer

01-37710 (E) 210501 210501

Annex to the letter dated 15 May 2001 from the Permanent Observer of Palestine to the United Nations addressed to the Secretary-General

Dubious attempts by Israel to have a number of archaeological sites in East Jerusalem inscribed on the World Heritage List

The Council of the League of Arab States,

Having considered:

The note dated 5 February 2001 from the Permanent Mission of the State of Palestine;

The note by the Secretariat;

And the recommendation of the Political Affairs Committee,

Decides:

1. To condemn Israel's dubious attempts to assert its sovereignty over Jerusalem and certain areas of the West Bank by seeking to have a number of archaeological sites in Jerusalem and the occupied Palestinian territories inscribed on the World Heritage List;

2. To have member States establish the necessary contacts, at the ministerial level, with the States members of the World Heritage Committee in order to convey to them the Arab position that Jerusalem and the occupied Palestinian territories have since 1967 constituted occupied territory under the terms of resolutions that have the force of international law and the resolutions of the United Nations Educational, Scientific and Cultural Organization; and to have member States make the necessary endeavours for the deferral of any action on the Israeli request to the World Heritage Committee;

3. To request the Secretary-General, as a matter of urgency, to form a committee of experts on legal matters and on matters relating to Jerusalem, open to representatives of all member States and meeting at League headquarters, to consider the question of the Israeli endeavours to have a number of archaeological sites in Jerusalem and the occupied Palestinian territories inscribed on the World Heritage List and to submit a report to the Council at its next session;

4. To request the Secretary-General, acting in coordination with the Arab League Educational, Cultural and Scientific Organization, to hold consultations with the Director-General of the United Nations Educational, Scientific and Cultural Organization and to report to the Council at its next session.

Resolution 6057
One hundred and fifteenth regular session
2nd meeting
12 March 2001

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Fifty-fifth session
Agenda item 179
Review of the problem of human immunodeficiency virus/acquired immunodeficiency syndrome in all its aspects

Letter dated 17 May 2001 from the Permanent Representative of Sweden to the United Nations addressed to the Secretary-General

I have the honour to draw your attention to the resolution entitled "Programme for Action: Accelerated action on HIV/AIDS, malaria and tuberculosis in the context of poverty reduction", published on 15 May 2001 by the Presidency of the European Union on behalf of the European Union (see annex).*

I should be grateful if you would have the text of this letter and its annex circulated as a document of the General Assembly.

(*Signed*) Pierre **Schori**
Permanent Representative of Sweden to the United Nations

* The annex is being circulated in the languages of submission only (English, French and Spanish).

01-37595 (E) 170501 170501

Annex to the letter dated 17 May 2001 from the Permanent Representative of Sweden to the United Nations addressed to the Secretary-General

[Original: English, French and Spanish]

Resolution
Programme for Action: Accelerated action on HIV/AIDS, Malaria and Tuberculosis in the context of poverty reduction

I. Introduction

1. The Council recalls its joint declaration with the Commission of 10 November 2000[1], which stated that the principal aim of EC development policy is to reduce poverty with a view to its eventual eradication. The declaration recognised the complexity of poverty and, noting in particular the global dimension and impact on poverty of communicable diseases, called for accelerated action by the Community and the Member States.

2. The Council also recalls its Regulation of 24 March 1997[2] on HIV/AIDS-related operations in developing countries, as well as its Regulation of 22 July 1997[3] on aid for population policies and programmes in developing countries. It further recalls the Commission communication of 1998[4] on increased solidarity to confront AIDS and the Commission communication of September 2000[5] on accelerated action targeted at major communicable diseases in the context of poverty reduction followed by the Council resolution of 10 November 2000 on communicable diseases and poverty [6] and the conclusions by the European Council in Nice[7].

3. The Council stresses the need for continued EC and EU commitments in view of the urgency of the fight against communicable diseases and in the context of upcoming international events such as the World Health Assembly, the Conference on the Least Developed Countries, the Special Session of the United Nations General Assembly on HIV/AIDS, the EU-US Summit, the G8 Summit, the Conference in Dakar on access to treatment for people affected by HIV/AIDS and others, and calls for strong cooperation with governments and international organisations.

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[1] Document 13458/00.
[2] OJ L85 p.1 of 27 March 1997.
[3] OJ L202 p.1 of 30 July 1997.
[4] Document 10298/98.
[5] Document 11901/00.
[6] Document 13127/00, annex II.
[7] Document 4820/00.

II. Framework for accelerated action

4. The Council warmly welcomes the Commission communication on a Programme for Action on accelerated action on HIV/AIDS, malaria and tuberculosis in the context of poverty reduction[8] aimed at increasing the impact of existing interventions to prevent and treat communicable disease; at improving the affordability of key pharmaceuticals; and at supporting research and development of specific global public goods to confront these diseases in developing countries. It believes that the Programme for Action represents an ambitious, timely and appropriate framework for priority action by the Community and Member States over the next five years.

5. The Council welcomes the Commission's comprehensive multisectoral approach to tackling HIV/AIDS, tuberculosis and malaria and emphasises that the different elements - impact, affordability and research - are interdependent essential parts of a coherent programme covering development co-operation, health, trade and research. It agrees that national, regional and global actions are essential to combat communicable diseases and emphasises that the Community must work closely with Member States and major third partners, including international organisations, in the implementation and further elaboration of the Programme for Action.

III. The Programme for Action

Improving impact

6. The Council stresses that Community support should be provided within the framework of partner countries' strategies, such as Poverty Reduction Strategy Papers (PRSPs) and by applying the Country Strategy Framework. It also emphasises the need to strengthen national health systems and to provide financial and other support through such systems in order to ensure that developing countries own and lead the process of tackling HIV/AIDS, malaria and tuberculosis. The Council recalls the intention to provide support in the social sectors increasingly through sectoral programmes. The Council, therefore, welcomes the basic principles for Health, AIDS and Population (HAP) presented in the Communication.

7. Recognising the close link between prevention and treatment, the Council further stresses that prevention is a key priority for the Community, as is support for the development of sustainable equitable health systems.

8. The Council stresses the need for capacity building of both public and private entities in partner countries. Such support would, *inter alia*, be directed towards the elaboration of appropriate laws and regulations, the establishment of appropriate institutional structures and for the development of human resources.

[8] Document 6802/01.

9. The Council welcomes the Commission's intention to support the strengthening of pharmaceutical policies and practises in partner countries. It emphasises the willingness of the EC to support the efforts of partner countries to develop high-quality local production capacities.

10. The Council encourages increased and more efficient resource transfer to comprehensive health and development efforts in partner countries.

11. The Council emphasises the role to be played by health education and stresses the necessity of addressing gender and child specific needs.

12. The Council also emphasises the need to work closely with multilateral and bilateral partners to address the above issues.

Affordability of pharmaceuticals

13. The Council recognises that lack of affordable pharmaceuticals is a serious problem in many developing countries and especially for the poorest people. Effective solutions require international co-operation and the participation of both public and private sectors in developed and developing countries. The Council, therefore, calls for the full participation of all stakeholders, including both the R&D based and generic pharmaceutical industry, in taking the necessary measures to grant affordable access to medicine.

14. The Council agrees on the Commission's calls for a much broader application of effective global tiered pricing for the benefit of affected developing countries. This requires close cooperation with all interested parties, including the pharmaceutical industry and developing countries, international organisations as well as with the US, Japan and other developed countries and the setting up of mechanisms to make such a system operational. The Council underlines the need to reinforce safeguards against the diversion of low-priced pharmaceuticals destined for specific markets and price erosion in the markets of developed countries.

15. The Council stresses the importance of further addressing other factors, such as tariffs and taxes, which reduce access to medicines in developing countries. When possible, such costs and fees should be abolished or decreased.

16. The Council stresses the importance of global rules on intellectual property rights in promoting investments in new medicines. The Council also recalls the right of the members of the World Trade Organisation (WTO) to invoke the relevant provisions of the Agreement on Trade-Related Intellectual Property Rights (TRIPS) to address national health policy concerns. The Council recalls the possibility under the TRIPS Agreement to address health concerns, by *inter alia*, applying discretion to issue compulsory licenses in certain exceptional circumstances including the protection of public health, provided the conditions of Article 31 of the TRIPS Agreement are fulfilled. The Council welcomes the discussion that will take place at the WTO TRIPS Council meeting in June 2001 on intellectual property issues relevant to access to medicines and supports the intention by the Commission to engage in a consensus-building process on the links between public health protection and the TRIPS Agreement.

17. In order to ensure that developing countries are able to make full use of the opportunities provided for under the TRIPS Agreement, the Council stresses the need for technical assistance for capacity building. In addition international co-operation and partnerships with international organisations active in this field should be deepened.

18. The Council supports the Commission's intention to examine what initiatives need to be taken within organisations such as the WTO, the World Health Organisation (WHO) and the World Intellectual Property Organisation (WIPO) to ensure consistency between the TRIPS Agreement and legitimate public health concerns, and to report its findings to the Council.

Research and Development

19. The Council welcomes the commitment to strengthen and increase financial support for research and development. It agrees on the need both to strengthen capacity in developing countries and to provide incentives for the development of specific global public goods, such as new treatments and vaccines. The Council emphasises the need for increased dialogue and coordination of Community and Member States' R&D efforts (including on clinical trials), as well as for increased co-operation with developing countries, international institutions and agencies. It also encourages strengthened co-operation with international R&D initiatives such as IAVI (International AIDS Vaccine Initiative), EMVI (European Malaria Vaccine Initiative), AMVTN (African Malaria Vaccine Trial Network) and GATB (Global Alliance for Tuberculosis drugs development).

20. The Council notes that in spite of the fact that most of the essential and key pharmaceuticals are off-patent, few developing countries have sufficient capacity to manufacture them. Interested parties, especially the pharmaceutical industry (both R&D based and generic), and developing country partners should be encouraged to promote viable and sustainable local production for national or regional markets, aiming at technology transfer.

21. The Council looks forward to the forthcoming Commission research and development strategy and its focus on global public goods to confront HIV/AIDS, malaria and tuberculosis.

Participation in global partnerships

22. With a view to intensifying the fight against HIV/AIDS, malaria and tuberculosis, the Council welcomes the intention by the Commission to reinforce co-operative arrangements with the Member States, WHO, UNAIDS, the World Bank, and other international actors both from public and private sectors (e.g., Global Alliance for Vaccines and Immunisation (GAVI)). These arrangements should also benefit initiatives taken at regional and national levels. It calls on the Commission to work jointly with all partners to develop credible and more responsive global financing mechanisms in the efforts to combat HIV/AIDS, malaria, tuberculosis and major childhood diseases. It encourages close cooperation in the framework of the New Transatlantic Agenda and in the context of the G8 discussions.

23. The Council welcomes the proposed action with regard to untying aid for the procurement of certain products and services.

IV. Follow-up

24. The Council recommends that the Commission, within the overall Programme of Action on the EC's Development Policy, include the principal elements of the Programme for Action for accelerated action on HIV/AIDS, malaria and tuberculosis in the context of poverty reduction. It calls on the Commission to monitor progress, using verifiable indicators, and to ensure transparency.

25. The Council calls on the Commission, as a matter of urgency, to finalise specific work-plans and to put in place the necessary operational arrangements and partnerships, with a view to clarifying the modalities and details of interventions, financial resources, timelines and expected outcomes including indicators.

26. The Council further calls on the Commission to ensure that adequate and appropriate human and financial resources are in place to enable the timely and effective implementation of this Programme for Action over the coming years.

27. Furthermore, the Council calls on the Commission to report on progress in its Annual Report on Community Development Policy, starting with a review of the start-up phase in the 2001 Report.

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Review of the problem of human immunodeficiency virus/acquired immunodeficiency syndrome in all its aspects

Letter dated 17 May 2001 from the Permanent Representative of Sweden to the United Nations addressed to the Secretary-General

I have the honour to draw your attention to the communication dated 21 February 2001 from the Commission of the European Communities to the Council of the European Union and the European Parliament, entitled "Programme for Action: Accelerated action on HIV/AIDS, malaria and tuberculosis in the context of poverty reduction" (see annex).*

I should be grateful if you would have this letter and its annex circulated as a document of the General Assembly, under agenda item 179.

(*Signed*) Pierre **Schori**
Permanent Representative

* The annex is being circulated in the languages of submission only.

01-37697 (E) 180501 180501

Annex to the letter dated 17 May 2001 from the Permanent Representative of Sweden to the United Nations addressed to the Secretary-General

[Original: English, French and Spanish]

Communication from the Commission to the Council and the European Parliament

Programme for Action: Accelerated action on HIV/AIDS, malaria and tuberculosis in the context of poverty reduction

Executive summary

This Commission's Programme for Action develops the policy framework presented in the September 2000 Communication on *"Accelerated Action targeted at major communicable diseases within the context of poverty reduction"*[1]. It establishes a broad and coherent Community response, over the period 2001-2006, to the global emergency caused by the three major communicable diseases, HIV/AIDS, malaria and tuberculosis, which most affect the poorest populations and which undermine global health.

The Programme, as part of an expanded global effort, targets actions to increase; the impact of existing interventions, the affordability of key pharmaceuticals, and research and development of specific global public goods to confront these diseases in developing countries.

The Commission will prioritise investment in health, aids and population in the context of poverty reduction. A greater focus on communicable diseases will be provided through options including; redirection of unspent resources, guidance on future programming exercises and the use of regional funds. More effective aid management processes will speed up the disbursement of funds to improve health. While the overall approach will be comprehensive, targeting the support for better health in developing countries, the Commission will maintain a major focus on prevention. Investment in strengthening pharmaceutical policies will include the appraisal of opportunities to develop local production capacities. The Commission will seek to work in close co-operation with the UN, the G8 partners, the World Bank, civil society and EU Member States to, based on each partner's comparative advantage, promote the reform the international financial architecture to enable greater co-ordination, complementarity and efficiency of international funding.

The European Community will seek to increase the affordability of key pharmaceuticals through attention to issues related to taxes and tariffs in developing countries. The European Community will work towards the introduction of tiered pricing as the norm for the poorest developing countries[2], while seeking to prevent re-importation to the EU market. Investment will build capacity within developing countries on health and trade-related issues, including implementation of the TRIPs Agreement.

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[1] COM(2000) 585 of 20.9.2000.

[2] In the context of this Programme for Action, the poorest developing countries include the Least Developed Countries (currently 48 countries (UNCTAD:2000) and the other low-income countries with a GNP per capita of less than USD 765 (currently 24 countries DAC: 2000).

The European Community will support new approaches to stimulate the development of global public goods targeting the three major communicable diseases. Action will include increased public support to Research and Development, notably for clinical trials, appropriate incentives to encourage private investment into Research and Development, attention to early dialogue on regulatory aspects and ensuring participation of developing countries in the research process. Building increased capacity for research in developing countries will be a priority.

To meet these objectives, the Commission will explore the use of the full range of available financial instruments to implement this Programme for Action. The framework presented identifies main actions, potential partners and instruments, and will be further detailed within specific work plans following endorsement of this Programme for Action.

Appropriate mechanisms, resources and partnerships will be put in place to monitor implementation of this Programme for Action, and to participate in a global monitoring system encompassing the efforts of all international partners. Successful implementation of this initiative will make a major contribution to global efforts to address the communicable disease emergency.

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1. CONTEXT

On 20 September 2000, the Commission adopted a new policy framework presented in the Communication on **"Accelerated Action targeted at major communicable diseases within the context of poverty reduction"**[1]. The European Community policy aims to respond to what is now generally acknowledged as a global emergency: the death of five million people per year from three major communicable diseases: **HIV/AIDS, malaria and tuberculosis**. Each disease kills more than one million people a year, mainly in developing countries, posing a serious threat to global health.

The policy framework identifies three objectives for targeted action and a coherent response to the three diseases in the area of **impact of existing interventions, affordability of key pharmaceuticals, and research into and development of specific global public goods**. This approach has received a high level of political support from developing countries, EU Member States and international development agency partners, civil society and industry. It combines a **coherent and unique mix of development, trade and research policy** and draws on all available expertise within the Commission.

Taking into account the outcome of the international 'High-Level Round Table'[2] on the new European Community policy, and following the conclusions by the Council[3], the **Commission has developed a Programme for Action** targeted at the three major communicable diseases over the coming five years (2001 - 2006).

2. OBJECTIVES AND EXPECTED OUTCOMES OF THE PROGRAMME FOR ACTION

The main objective of European Community Development Policy[4] is to foster **sustainable development** designed to **eradicate poverty** in developing countries and to integrate them into the **world economy**. At the start of the twenty-first century, few investments are wiser than those in good health. Investments in health can make a major contribution to poverty reduction welfare and economic growth: countries with higher levels of health grow faster. In the poorest developing countries[5], communicable diseases, particularly HIV/AIDS, malaria and tuberculosis continue to limit development.

The European Community policy framework and this Programme for Action targeted at the major communicable diseases. are entirely in line with and at the same time a pre-requisite for achieving the objective of the European Community Development Policy. They will allow the European Community **to contribute substantially and participate fully in global and country efforts** to confront major communicable diseases. In recognition of the pivotal role of developing countries in ensuring the

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[1] Communication (2000) 585 of 20.9.2000.

[2] In order to ensure a broad consultation on the new Communication, the EC, in partnership with WHO and UNAIDS, convened a High-Level Round Table in Brussels on 28 September 2000. The Round Table brought together over 170 stakeholders, including 25 developing countries, notably ACP states, EU Member States, the European Parliament, international development agencies, civil society, researchers and leaders of major pharmaceutical companies. A high degree of consensus was reached among stakeholders on the content of the Communication. More information can be found at www.europa.eu.int/comm/development/sector/social/table.

[3] Council resolution of 10.11.2000, 2304th Council meeting.

[4] COM (2000) 212 of 26.4.2000.

[5] In the context of this Programme for Action, the poorest developing countries include the least developed countries (currently 48 countries (UNCTAD:2000) and the other low-income countries with a GNP per capita of less than USD 765 (currently 24 countries DAC: 2000).

health of their people, this Programme for Action will pay particular attention to ensuring their full participation and 'ownership' of the actions envisaged.

In line with the objectives of the policy framework, the expected outcomes of the European Community's Programme for Action are:

- optimal impact from existing interventions, services and commodities targeted at the major communicable diseases affecting the poorest populations;
- increased affordability of key pharmaceuticals through a comprehensive approach;
- increased investment in research and development of specific global public goods.

All of these will make a substantial contribution to reducing the burden of the major communicable diseases, in particular for the poorest developing countries, and will strengthen global poverty reduction efforts.

3. THE PROGRAMME FOR ACTION

The European Community's policy is designed to link country level actions aimed at increasing people's access to existing goods and services, with enabling global action on affordability and investment in the development of specific global public goods (see Annex 3). Consequently, **all three areas for action – impact, affordability and research – are inter-active and synergetic**: the development and financing of global public goods such as AIDS and malaria vaccines require more effective research, financing and new partnerships. At the same time a real and sufficiently large increase in financing for existing vaccines, for example at country level, will be needed to increase confidence in future uptake of new vaccines. Similarly a reduction in prices and concessions from the research and development industry will require a market of sufficient size, established public-private partnerships and a substantial increase in production capacity. **Implementing the European Community Programme for Action will require coherent, collective and simultaneous action**.

This Programme for Action takes into account a number of **basic principles** for European Community's Health, AIDS and Population support in developing countries, as highlighted in Annex 2.

Progress will be **monitored** at two levels. Impact and high-level outcome indicators will be monitored as part of a joint gender sensitive and pro-poor global monitoring system to be developed with international partners. Annex 1 outlines a framework to monitor implementation of this Programme for Action within the direct areas for European Community action. The framework, which identifies potential partners, instruments, will be further detailed within specific work plans and monitoring tools, including yearly progress reports, to be developed by Commission services following endorsement of this Programme for Action.

3.1. IMPACT

3.1.1. Optimising the impact of Health, AIDS and Population interventions[6] targeted at major communicable diseases and poverty reduction

(1) The Commission will prioritise within the total development co-operation budget, **health, AIDS and population (HAP) interventions** over the next five years (2002-2006). The proportion allocated to HAP stood at 8% in 2000 (approximately Euro 800 million) and will be steadily increased as delivery capacity improves. Within those interventions, increased support will target HIV/AIDS, malaria and tuberculosis, and the actions identified in this Programme for Action, in accordance with the needs of each country and region.

(2) The ongoing process of European Commission's reform is establishing more effective aid management processes and addressing bottlenecks to allow **more rapid disbursement**. The European Community's commitments to health, AIDS and population (HAP) totalled Euro 4.2 billion over the period 1990-1999 of which Euro 700 million was committed in 1998 alone. Most of this supports, will continue to strengthen of the health sector. Measures are underway to simplify payments and contracting procedures. In addition, the Commission will invite developing countries to **identify opportunities to direct unspent committed resources** within country programmes to address the communicable disease burden.

(3) The Commission will provide guidance to developing countries on communicable disease issues and options for **accelerated action within the current country, regional and thematic programming exercises**[7]. Delegations and partner countries will be encouraged to address from a poverty reduction and gender perspective, communicable diseases within the framework of Country Strategy Papers (CSPs) and Poverty Reduction Strategy Papers (PRSPs)[8]. Member States will be co-ordinated with and will be consulted in the competent committees. The Commission will maintain a comprehensive approach within which **preventive activities** will continue to receive major attention.

(4) The Commission will establish **co-operative arrangements with WHO/UNAIDS, the World Bank and Member States** to provide necessary technical and normative input to country programming and identification exercises.

(5) The Commission will consider the use of "all ACP" and other regional funds[9] for **rapid resource transfers** to partners to increase access and utilisation of existing approaches and scale up innovative practices such as social marketing of bednets, condoms, prevention and care of mothers with HIV, etc. Subject to the conditions contained in applicable instruments, funds may include the possibility for transfers to UN agencies/NGOs and CBOs and non-

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[6] EC 'Population interventions' are defined in Council Regulation on Population Policies and Programmes in Developing Countries N°1484/97, 22 July 1997.

[7] In the different elements in this Programme for Action will be adapted to 'unstable' situations or where the local component is weak (absence of functional Ministries of Health, absence of proper national health strategies, lack of means to conduct a programme).

[8] The European Community's Development Policy': COM(2000) 212 of 26.4.2000.

[9] See section 4 on instruments. The legal bases for contributions may include development co-operation (articles 177 et seq. of the EC Treaty) including co-operation with international organisations (article 181), public health (article 152) and research policy (article 163 et seq.). Special instruments applicable in the field include Council regulation N°550/97, 24 March 1997, on HIV/AIDS in developing countries, and Council Regulation on Population Policies and Programmes in Developing Countries N°1484/97, 22 July 1997. Commitments are subject the eligibility conditions specified in the applicable instruments.

traditional partners at the request of developing countries. Innovative practises will be scrutinised from a poverty reduction and gender perspective before they are used widely.

The Commission will continue to work with **global partners** to develop new approaches through large scale and more efficient resource transfers to developing countries. See section 3.4 for specific actions.

3.1.2. Strengthening of pharmaceutical policies and capacity building

(1) Through national and regional co-operation, capacity building, and financial and technical assistance, the Commission will support the strengthening of pharmaceutical policy and practice. The Commission will build upon existing programmes[10] where possible. Particular efforts will be directed to improving budgeting and financial management, planning, quality assurance, purchasing, tendering, distribution and optimal use of pharmaceuticals. Commission support will facilitate a review of the impact of import duties and taxation schemes on prices, address regulatory aspects and ethical standards, and lead to improved information exchange. The Commission will support the development of regional/sub-regional quality control laboratory networks to ensure appropriate quality control of pharmaceuticals. This is particularly important in the context of local production and use of generics in accordance with WHO approved standards. Developing countries will be supported in their efforts to identify actions and promote informed dialogue on pharmaceutical policies.

(2) The Commission will **enhance partnerships** with regional technical resource networks, notably with WHO as the lead technical agency in the pharmaceutical policy area. Collaboration will be extended with UNICEF, UNAIDS, the pharmaceutical industry and other partners.

(3) The European Community will work with WHO, to further **refine essential drug policies in favour of developing countries.** Actions include the progressive inclusion of (non-generic) key pharmaceuticals in the essential drug list and the implementation of appropriate, cost-effective regulatory schemes at the regional and country levels. The aim will be to accelerate registration and marketing approvals of key pharmaceuticals in developing countries based on existing registration in developed countries. Moreover, the European Community will liase with WHO for specific rules and regulatory schemes, and the provision of key pharmaceuticals in emergency situations.

(4) The European Community will work with countries and regions to **develop systems to protect against diversion of tiered priced products** (see 3.2.).

3.1.3. *Developing local production capacity*[11]

(1) The European Community will assist developing countries, at a regional or national level, to develop high-quality, local production of key pharmaceuticals, many of which are off-patent and could be produced immediately. Candidate-countries will be identified through **sectoral and market analyses,** in conjunction with **feasibility studies** to identify and assess existing **business opportunities**. In addition, **dialogue** between the private and state-owned pharmaceutical sectors in both developing and developed countries will be encouraged, and **business links** between them facilitated. **Support for local production** will go to countries

[10] For example the EC programmes ARIVA (Appui Régional a l'Indépendance Vaccinale en Afrique) and APPA (Appui a la Politique Pharmaceutique en Afrique).

[11] See Annex 3: Clarification of Terminology.

that have pre-existing capacity and necessary infrastructure. Other countries may be considered at a later stage.

(2) **Viable projects** will be supported by promoting business opportunities on the basis of **sound business plans** and **studies** focusing on public health benefits as well as profitability. **Financing** may be through PROINVEST, the investment promotion programme for ACP countries, the EC-ACP Business Assistance Scheme (EBAS)[12], the private sector Investment Facility of the Cotonou Agreement through the EIB, and other EC technical and financial co-operation mechanisms (for ALA-MEDA - see section 4 on Instruments).

(3) EU and non-EU generic and research-based industries will be encouraged to enter into **licensing agreements** and **joint ventures** with suitable developing country partners. This will require adequate **incentives**, such as securing a high standard of protection for intellectual property rights, obtaining access to developing country markets by mutual recognition of marketing approvals, and ensuring that products destined for developing country markets are not exported to the Community or other developed country markets.

3.2. AFFORDABILITY

3.2.1. Tiered pricing[13]

(1) The European Community is at the forefront of international efforts to establish a **global tiered pricing system** for key pharmaceuticals for the poorest developing countries. It remains convinced that a firm, long-term commitment from manufacturers to supply these products at the lowest possible prices would be a major contribution to the problem of access to affordable medicines. Further discussions will therefore be pursued with the pharmaceutical industry, and with the public authorities in the poorest developing countries, with a view to setting up such a system at the earliest opportunity. In future, tiered pricing for the poorest developing countries should no longer be the exception, but the rule.

(2) A successful tiered pricing system targeted at the poorest developing countries must also be able to **prevent product diversion** to other markets, thus undermining prices. It is essential, in order to preserve confidence in such a system, that **effective safeguards** are in place to ensure that all low-priced pharmaceuticals destined for specific markets are delivered to, and remain in, those markets. Such safeguards include technical measures, such as differential labelling, packaging and trademarks to identify preferentially priced products, special enforcement procedures to be applied in the importing and/or exporting country, and contractual arrangements between the exporter, importer and distributor of the medicines[14].

(3) **International concertation** (e.g. under the auspices of the UN or the WTO) will be needed to contain the risk of product diversion, but it will also require the full participation and co-operation of governments in developed and developing countries, the public and private

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[12] An ongoing programme for ACP businesses, which provides support to individual companies or producer associations in this sector.

[13] Tiered pricing describes a system whereby different prices are charged in different markets. In the context of this Programme for Action, it refers to a pricing system by which producers of key pharmaceuticals, including both patented and non-patented medicines, make those products available to the poorest countries at significantly discounted prices.

[14] Measures foreseen in this regard should not affect the free movement of goods within the Community.

sectors, and of NGOs. The European Community will continue discussions with its main trading partners in order to advance this debate.

3.2.2. Tariffs and taxes

The European Community will continue to analyse the effects of **other factors**, besides the net import price, on **consumer prices** in developing countries. Such factors, which include **tariffs, taxes,** and **importation, distribution and local registration fees**, can significantly increase prices. Where appropriate, importing countries shall be encouraged to reduce or abolish these factors.

3.2.3. Intellectual property legislation

(1) The European Community is committed to **supporting WTO developing country members** in implementing the **TRIPs Agreement**. The support available includes training, assistance with legislative drafting, and setting up the appropriate institutional and administrative structures.

(2) The EC recognises that, within the TRIPs Agreement, there exists a flexibility allowing countries to issue, in certain circumstances, compulsory licenses[15] in order to address urgent public health concerns.

For its part, the EC will promote discussions, within the WTO, WIPO or WHO, to address the link between the TRIPs Agreement and public health protection issues, in order to an achieve international consensus on this issue.

3.3. RESEARCH AND DEVELOPMENT

3.3.1. Strengthening and increasing support for Research and Development

Under the current 5th Framework Programme, the Commission is expected to commit Euro 130 million for the research on HIV/AIDS, malaria and tuberculosis. More than Euro 80 million have been committed under the 4th Framework Programme (1994-1998). Recent initiatives have increasingly focused support on confronting communicable diseases in developing countries. The European Research Area[16] provides a framework for Europe to develop co-operative Research and Development strategies. Building on current investments in health research for the three major communicable diseases, a new major initiative is envisaged to support and accelerate the clinical development of new interventions. In this context, the Commission is elaborating in the first half of 2001, in consultation with all relevant stakeholders, a European research strategy for global goods to confront HIV/AIDS, malaria and tuberculosis. Guided by specific action plans for the three diseases, two directions for Community support are envisaged:

(1) continued and **increased support for basic and strategic research with greater co-ordination at European and international level**.

(2) the creation of a **European Clinical Trials Platform** to increase number, efficiency and coherence of clinical trials carried out by the public and private sectors, and involving the

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[15] The granting of a licence without the consent of the patent holder, but against adequate remuneration, on various grounds of general interest. See also COM (2000) 585, 20 September 2000, paragraph 4.2.

[16] COM(2000) 6, 18 January 2000 and COM(2000) 612, 4 October 2000.

developing countries. This platform will also function as an interface for research and development with other global initiatives including those of the G8 partners.

3.3.2. Capacity building in developing countries

Developing countries will be involved at all stages of the research and development process for new public goods. Lasting impact is expected both from basic professional as well as advanced research training on science and technology capacity and health services performance.

(1) Increased **support to research activities** will include support for collaborative molecular and clinical, epidemiological, operational and social studies, strengthening the base for health-related research. Emphasis will also be put on gender balance and poverty focus. Moreover, support will be given to ensure appropriate ethical standards and review systems.

(2) Support will be provided for **capacity building** in developing countries to enable them to host and conduct large-scale population trials. Three major activities are envisaged to be co-ordinated through the clinical trials platform: a) human resources development, b) social mobilisation and community empowerment as a support measure for population trials and c) upgrading of facilities and services at research institutions and clinical institutions in developing countries.

3.3.3. Incentives for the development of specific global public goods

(1) The EU will **study and develop an incentive package** to encourage more private investment by the Research and Development based (R&D) industries in new products to confront the major communicable diseases in developing countries. Following the adoption of the new European Community's policy framework, the UK Prime Minister's office has established a working group to assess such potential incentives. The work of the UK group will take place in close consultation with the Commission and EU Member States. This will provide valuable input to the EU's examination of incentives such as the extension of marketing rights, venture capital, low-cost loans, tax credits, guaranteed markets, and so on.

(2) The Commission will encourage and support initiatives for an **early dialogue on regulatory aspects** in relation to new products for the three major communicable diseases. This will be essential in avoiding delays in the approval of new products. The **Commission will ensure that regulatory bodies in developing countries** where clinical trials are taking place or envisaged **are part of such early dialogue** in respect of these new products.

(3) The Commission will increase its support for **economic research** into the demand for specific global public goods for developing countries. The Commission is already involved with the World Bank in research on public demand and willingness to pay for an AIDS vaccine. This includes support for studies to improve market understanding and to assess the potential health impact and affordability of an HIV vaccine. The results of this research will yield much-needed information for policy makers in developing countries as well as for donors.

(4) The Commission will participate in the development of financing mechanisms to address the need for specific global public goods and to ensure that these become available to people in developing countries as quickly as possible, particularly for AIDS and malaria vaccines, tuberculosis diagnostics and vector control products.

(5) The work of the **Commission AIDS Vaccine Task Team and co-operation with Member States and other partners such as UNAIDS, IAVI, GAVI will be continued and strengthened.** The AIDS Vaccine Task Team is working on the various actions listed above with the aim of accelerating the development and availability of an AIDS vaccine for developing countries as soon as possible.[17]

(6) The **European Clinical Trials Platform** will act as an incentive by removing important scientific, technological and operational hurdles to product development. It is intended to extend the platform to developing countries.

3.4. PARTICIPATION IN GLOBAL PARTNERSHIPS: POLICY AND POLITICAL DIALOGUE

The European Community will continue to **participate in global initiatives** targeting action against the major communicable diseases in the context of poverty reduction. To this end, the European Community will:

(1) **promote the reform of the international financial architecture** to foster increased availability and development of specific global public goods (see Annex 3) and to support greater co-ordination and efficiency of international funding. The European Community will pay particular attention to ensuring that global support **unites around comprehensive approaches to health at country level** and is based on the full participation and ownership of developing countries. To this end, the Commission will continue to **actively participates in the working group of G8 members** which will examine how best to organise increased spending and targeting of global resources towards the three communicable diseases. In the lead up to the Genoa G8 meeting (July 2001) the group evaluate the lessons learnt from existing international mechanisms. These will provide important input to the Commission's own examination of the opportunities to fund global mechanisms;

(2) **strengthen partnerships with the UN organisations, in particular with the WHO[18] and UNAIDS.** Particular aims will be to co-ordinate global efforts more efficiently and to monitor the accelerated response through resource flows and health outcomes;

(3) **continue close co-operation with the US and Japan** in order to garner support for adequate global burden sharing, financing mechanisms and the development of a global tiered pricing system for key pharmaceuticals for the poorest developing countries (see Section 3.2.1.). With the US this should be part of the co-operation which has been set up by the EU-US Summit Leaders on the three communicable diseases and will take place in the framework of the New Transatlantic Agenda[19] and in the context of the G8 discussions.

(4) **this approach will benefit the European Community, the international community and recipient countries**. It will facilitate more streamlined technical support from the UN and other important donors, establish a more effective financial mechanism to speed up delivery, and

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[17] The EIB and EMEA are already part of the team and there is substantial interest from EU Member States and IAVI participants.

[18] Over the past year the EC and WHO have intensified their co-operation. Letters have been exchanged covering a memorandum with a framework for co-operation, signed in December 2000. The memorandum defines principles and objectives, outlines areas of co-operation, establishes procedures and defines priority areas for action, including those related to the three major communicable diseases.

[19] EU-US Summits Conclusions, Queluz May 2000 and Washington December 2000.

reduce transaction costs for donor and recipient. At the same time, it will ensure a stronger voice for the European Community in global policy setting.

4. INSTRUMENTS

4.1. Identifying the instruments for action

The European Commission has a large array of policy, legislative, regulatory and financial instruments which it will activate in support of the Programme for Action[20]. Which of these instruments come in to play for each action will depend on the various entry levels (national, regional, and global) and will need to be defined further, following the procedures contained in the respective instruments. **The following development assistance instruments will be used:**

a) Unspent reserves from the 8th EDF, and resources from geographic budget lines (ALA-MEDA).

i) Specific actions in support of initiatives with existing or new partners. Specific Health, AIDS and Population programming guidelines are being developed to this end.

ii) Within this context the following interventions will be envisaged for financial support as well:

- where countries agree to remove tariffs for pharmaceutical imports, technical support for fiscal reforms and additional financial incentives for countries committed to this will be examined;

- technical support for the implementation of the TRIPs Agreement.

b) Resources from the 9th EDF[21], ALA-MEDA and thematic budget lines.

i) It is proposed that a substantial amount would be allocated for partnerships with non-traditional partners, such as the local private sector in developing countries, to use innovative approaches in the area of social marketing at country level (see 3.1.1).

ii) It is further proposed that a substantial amount be allocated to form a partnership with WHO for actions envisaged for the strengthening of pharmaceutical policies at regional and country level (see 3.1.2).

iii) While advocating adequate international burden-sharing and a consensus consistent with the European Community policy spelt out in this Programme for Action, the Commission will consider a contribution to a global mechanism providing technical know-how and commodities in co-operation with other partners (see 3.4).

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[20] See footnote 9. Development assistance instruments which are proposed to be used in support of the Programme for Action include: NIPs – RIPs and other EDF instruments, such as the Regional Economic Partnership Agreements (REPAs) and the new Investment Facility under the Cotonou agreement. Technical and financial co-operation protocols for Asia, Latin-America and the Mediterranean, thematic budget lines, and Humanitarian Aid managed by ECHO should also be used. Commitments are subject the eligibility conditions specified in the applicable instruments. In addition to the development assistance instruments, the European Research Area and research framework Programmes will be used for supporting the measures envisaged.

[21] From 2004 onwards and as set out in the financial protocol to the Cotonou Agreement.

c) Several support actions, such as feasibility studies, can be undertaken in support of the development of production capacity in developing countries[22]. Business linkages may follow from the activities of the ESIP programme that will start in 2001, in co-operation with the European Investment Bank.

d) In relation to the current debate on untying aid, and with a view to enhancing local capacity and affordability, the Commission proposes to replicate the ACP regime for non-ACP regional areas, allowing partner countries' firms, as well as EU firms, to bid for tenders. Beyond that, the Commission seeks to explore the opening of calls for tender for procurement of certain services or products, like key pharmaceuticals for HIV/AIDS, malaria and tuberculosis, to all developing countries. The aim is to encourage the production and access of such goods and services within developing countries or regions, as appropriate, and to make available, with or without financial support from external partners, such goods and services at an affordable price to all developing countries.

In addition to the development assistance instruments, **Research Framework Programmes** will be used for supporting the measures envisaged under Section 3.3. in line with the objectives of the European Research Area.

The European Clinical Trials Platform (see Section 3.3.1) will seek to use, in addition to research funds and where eligible, financial resources from Community development funds, public-private partnerships and others, necessary to carry out large-scale population trials.

4.2. Partnership, ownership and monitoring of an effective European Community response

It must be noted that most of these development instruments and resources only become **'activated' following the request** of developing country partners or international development partners. Many international and developing country partners have expressed an interest in the actions envisaged under this Programme for Action. **This interest in collaborating with the European Community is accompanied by a clear call for 'user-friendly', 'action-oriented' instruments and partnership arrangements**. In order to ensure full **ownership** at country level it is crucial that developing country partners continue to be involved in the further identification of specific actions.

To date the Commission has not been successful in developing efficient **financial instruments for investing in global initiatives**. The use of small-scale thematic budget lines has only partially allowed this gap to be addressed. Global mechanisms might well allow the Commission to increase development spending and lower transaction costs in co-operation with Member States' activities.

In addition to 'responsive' financing instruments a substantial amount of work needs to be done in terms of **'policy dialogue'** and the use of instruments for policy development and dialogue. Appropriate institutional arrangements and resources will be at the core of the implementation and monitoring of this Programme for Action.

[22] E.g. through the EBAS programme.

5. CONCLUSION

Successful implementation of this Programme of Action over the next five years (2002-2006) will make a major contribution to global efforts to address the development crisis presented by HIV/AIDS, malaria and tuberculosis. The Commission proposes a coherent policy framework to guide accelerated Community action and has taken a lead in efforts to co-ordinate a more effective response by countries and the international community. Developing countries and the poorest populations bearing the greatest burden require co-ordinated support on an unprecedented scale. This will require a strong commitment from countries, Member States, multilateral and bilateral donors.

Annex 1: Programme for Action – Matrix

IMPACT (1 of 2)

ACTIVITIES	GEOGRAPHICAL FOCUS	TIMELINE	PARTNERSHIPS	MONITORING/OUTCOMES
III 1.1 – Optimising impact of HAP interventions targeted at major communicable diseases and poverty reduction. Rapid disbursement. Commission to identify opportunities to direct unspent resources to address the three communicable diseases.				
1. Commission services will provide specific guidance to EC Delegations. Partner countries will be encouraged to address the communicable diseases within the framework for gender sensitive and pro-poor Country Strategy Papers.	1) All developing countries.	1) March 2001-December 2001.	1) All developing countries.	1.1 HAP disbursement portfolio increased by 50% by end 2001. 1.2 Dormant programmes (20) closed or re-oriented by end 2001.
2. The Commission will establish co-operative arrangements for programming.	2) All developing countries.	2) March 2001.	2) All developing countries, other donors.	2.1 Programming guidelines established and used. 2.2. Number of gender sensitive and pro-poor CSPs including HAP interventions increased. 2.3. Delegations staff reinforced and trained.
3. The Commission will facilitate resources for innovative partnerships.	3) All developing countries.	3) February 2001 – July 2001.	3) WHO-UNAIDS - Member States.	3) Partnership and/or Financing Agreements established.
4. The Commission will prioritise HAP interventions within overall development aid.	4) Mainly in Sub-Saharan Africa and South Asia	4) Continuous from March 2001.	4) Civil society, private sector, UN agencies.	4) Resources programmed, partners identified.
5. The European Community will pursue greater articulation between existing global mechanisms and partner countries efforts.	5) All developing countries See 3.4.	5) March 2001-2006. See 3.4.	5) All developing countries, other donors. See 3.4.	5) Increased HAP allocation from current 8% in accordance with improved delivery capacity. See 3.4.

Programme for Action – IMPACT (2 of 2)

ACTIVITIES	GEOGRAPHICAL FOCUS	TIMELINE	PARTNERSHIPS EC, developing countries	MONITORING/OUTCOMES
III.1.2 Strengthening of pharmaceutical policies.				
1. Regional co-operation, capacity building, financial and technical assistance.	Actions will primarily take place at regional level and, due to the devastating effect of the three diseases and the poverty factors in the two regions, be targeted at Africa and South Asia.	June 2001-June 2002.	For all actions: WHO UNICEF, UNAIDS, Industry.	1. Partnerships established.
2. Enhanced and improved essential drug policy and regulatory schemes.				2.1. Agreement with WHO established. 2.2. Revision of EDL by WHO by end of 2002.
3. Refine global essential drug policy in favour of the poorest developing countries.				3. Partnership with UNICEF, UNAIDS, Industry identified.
4. Developing systems to prevent diversion of tiered priced products.	See 3.2.3.	See 3.2.3.	See 3.2.3.	4. See 3.2.3.
III.1.3 Developing local production capacity				
1. Support to sector and market analyses; dialogue, identification of existing business opportunities.	Actions will take place at regional level with a specific geographical focus on countries with pre-existing local production capacity (in either private or public sector).	For all actions: March 2002 to January 2006.	Partnership will simultaneously involve EU and non-EU generic and research-based industries and relevant regional bodies, the Commission, the EU Member States, the European Investment Bank (EIB) and other financing institutions. Industrial partners.	1. Pre-feasibility studies completed.
2. Support to the development of sound business plans.				2.1 Countries identified for business plans. 2.2 Business plans agreed.
3. Promote licensing agreements and business joint ventures through appropriate incentives.				3. Licensing agreements and joint ventures promoted.

Programme for Action – AFFORDABILITY (1 of 1)

ACTIVITIES	GEOGRAPHICAL FOCUS	TIMELINE	PARTNERSHIPS	MONITORING/ OUTCOMES
III.2.1 Tiered pricing	Actions at global level for the developing countries			
1. Lead international efforts to establish a global tiered pricing system.	1. EU, OECD and G8 countries.	1. Initiated in September 2000, ongoing.	1. EU, generic and research-based industry, G8, OECD and developing countries	1. Commitments from the industry players and developing countries authorities.
2. Set up effective safeguards against product diversion.	2. Importing and exporting countries.	2. From March 2001 .	2. EU, industry, OECD, G8 and developing countries	
III.2.2 Tariffs and taxes Impact analysis.		From March 2001.		
III.2.3 Intellectual property legislation	Developing countries.		EU, International organisations, developing countries	Lower consumer prices.
1. Support for TRIPs implementation.		From March 2001.		
2. Discussion of links between TRIPs agreement & public health protection.		From November 2001.	WTO, WIPO and developing countries.	Provision of technical assistance where required.
			Fourth WTO ministerial, WHO, WIPO, Civil Society, Industry players, EU.	

Programme for Action – RESEARCH and DEVELOPMENT (1 of 2)

ACTIVITIES	GEOGRAPHICAL FOCUS	TIMELINE	PARTNERSHIPS	MONITORING/ OUTCOMES
III.3.1 – Strengthening support for Research and Development				
1. Increased support for basic and strategic research.	All actions will benefit all populations and in particular those in the poorest developing countries.	Ongoing and to be continued up to March 2001 – March 2003.	EU Member States, European Community , G8, developing countries, WHO, UNAIDS, in line with the objectives of the European Research Area..	All R & D activities will be externally reviewed according to pre-determined criteria.
2. Creation of a European Clinical Trials Platform.				
III.3.2 – Capacity building in Developing Countries				
1. Support to gender sensitive and pro-poor research activities.				
2. Capacity building (equal opportunities for women and men).				
III.3.3 – Incentives for the development of specific global public goods				
1. EC will examine and develop an incentive package.		1) Preparation as of 2001, incentives in place as of 2002.	1) Partnership with Member States, developing countries, WHO and others	
2. Early dialogue on regulatory aspects.		2) Starting January 2001 - and taking account of February WHO meeting.	2) Various financial partnerships.	
3. Economic research into demand.		3) 1-6 months from February 2001.	3) The UK Prime Minister's office working group and in close consultation with other EU Member States.	
4. Development of joint financing mechanisms.		4) Starting January 2001-and taking account of February WHO meeting.	4) Idem.	
5. The AIDS Vaccine Task Team strengthened.		5) From January 2001.	5) New operational partnership in support of an AIDS vaccine (with UNAIDS and IAVI).	

Programme For Action – GLOBAL MECHANISMS (1 of 1)

ACTIVITIES	GEOGRAPHICAL FOCUS	TIMELINE	PARTNERSHIPS	MONITORING/ OUTCOMES
II.4. Participation in global partnerships				
1. The EC will promote the reform of the international financial architecture to foster increased availability and development of global public goods.	For all actions. Global actions in favour of the poorest populations most affected by the three major communicable diseases.	1. January 2001 and continued.	1. G8 and European States	1.1 Adequate burden-sharing in place. 1.2 Coherent policy between global partners.
2. The EC will strengthen its partnership with the UN organisations.		2. By July 2001.	2. UN organisations, and in particular with the WHO and UNAIDS.	2. Partnerships with UN established.
3. The EC will continue its co-operation with the US & Japan, in particular on tiered pricing.		3. November 2000 and continued.	3. EU/US and Japan.	3. Joint EU/US/Japan position on tiered pricing in place.

Annex 2: Basic Principles for Health, AIDS and Population support

(1) Build on the development agenda of each country, targeting poverty reduction and equality between men and women, however it is expressed and whether within a Comprehensive Development Framework, a Poverty Reduction Strategy or as a national development plan. The country's stakeholders' ownership is vital.

(2) The approach to effectively address the burden of communicable diseases at country level will be context specific. The 'best fit' for accelerated action will build on what is in place and will employ a range of interventions, funding mechanisms and partners.

(3) Countries where effective policies, institutions and on-or-off budget co-ordination are in place will be supported through the mechanism of choice of the country. In countries without coherent policies and mechanisms and/or where institutions are weak, or in countries in crisis, support will be facilitated through partnerships with NGOs and/or UN agencies.

(4) The health, AIDS and population policy environment and practice will define potential instruments and channels of support.

(5) Efforts should support actions that strengthen health systems and further build national capacity. Effective support will deliver health outcomes which will be monitored.

(6) Coherent action will support a common framework, in partnership with all stakeholders - governments and non-government actors, the public and private sector, donors and international agencies.

(7) Effective pro-poor support will contribute to other important development outcomes relating to crosscutting concerns such as the promotion of human rights, equality between men and women, children's rights and the environmental dimension.

(8) Partners will need to employ imaginative approaches which can deliver equitable health outcomes, are financially fair and responsive to people's demands and which harness the resources of all potential contributors.

(9) The Commission will invite Member States that are interested in working jointly on short-term deliverables to develop flexible mechanisms to support interested partner countries (co-financing, silent partners, technical assistance, etc.).

Annex 3: Clarification of terminology

a) Global public goods

'Public Goods' are goods which benefit society as a whole. The concept of 'national public goods' such as the maintenance of law and order is not new. But in an increasingly interconnected and interdependent world much more attention is now being paid to 'global public goods'. Examples range from the control of communicable diseases, to the provision of global financial stability, the protection of the environment and the prevention of conflict.[1]

The technical know-how necessary to support 'global public goods' will benefit all populations irrespective of who pays for their development. This creates a 'free-rider' problem, in that individuals and governments will be willing to pay less than the value of the benefits they receive. Specifically with regard to for example HIV/AIDS and malaria vaccines, the private sector is unlikely to recoup research and development costs for health technologies that primarily benefit countries and populations with low ability to pay.

The solution ultimately lies at global level with countries, donors and the private sector taking joint responsibility and sharing the cost related to the development and availability of 'global public goods'. A co-ordinated approach through a shared public facility may therefore be the best answer.

b) Local Production

Local production refers to the manufacture of key pharmaceuticals (including global goods such as new vaccines) in accordance with national legislation and with related international obligations where applicable. It includes local production of patented products under licensing arrangements and joint venture agreements, as well as other activities such as re-labelling and re-packaging.

In the context of this Programme for Action, supporting local production of low-cost key pharmaceuticals means more than simply boosting local manufacturing capacity. It is first and foremost an industrial development issue involving a technology transfer between European and developing country industries, as well as promoting South-South co-operation and helping to integrate developing countries into the world economy. Indeed, those countries, which are relatively advanced in terms of local production capacity and whose companies receive support under this Programme for Action, should be prepared to provide technical assistance and participate in technology transfer ventures for the benefit of poorer countries.

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[1] Eliminating World Poverty : Making Globalisation Work for the Poor, White Paper on International Development, UK Government; December 2000.

Annex 4: Acronyms

ACP	Africa, Caribbean and Pacific
AIDS	Acquired Immune Deficiency Syndrome
ALA	Asia and Latin America development co-operation programme
CBO	Community Based Organisation
CSP	Country Strategy Paper
DAC	Development Assistance Committee
DG	Directorate General
EBAS	EU-ACP Business Assistance Scheme
EC	European Community
ECHO	European Community Humanitarian Aid Office
EDF	European Development Fund
EDL	Essential Drugs List
EIB	European Investment Bank
EMEA	European Medicines Evaluation Agency
ESIP	EU SADC Investment Promotion Programme
EU	European Union
FP	Framework Programme
G8	Group of G7 most industrialised countries and Russia
GAVI	Global Alliance for Vaccines and Immunization
HAP	Health, AIDS and Population
HIV	Human Immune Deficiency Virus
IAVI	International AIDS Vaccine Initiative
LDC	Least Developed Countries
MEDA	Mediterranean countries development co-operation programme
NGO	Non-government Organisation
NIP	National Indicative Programme
OECD	Organisation for Economic Cooperation and Development
PRSP	Poverty Reduction Strategy Paper
R&D	Research and Development
REPA	Regional Economic Partnership Agreement
RIP	Regional Indicative Programme
SADC	Southern Africa Development Community
TRIPs	Agreement on Trade Related Aspects of Intellectual Property Rights
UN	United Nations
UNAIDS	United Nations Joint Programme on HIV/AIDS
UNCTAD	United Nations Conference on Trade and Development
UNICEF	United Nations Children's Fund
WHO	World Health Organisation
WIPO	World Intellectual Property Organisation
WTO	World Trade Organisation

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The situation in Central America: procedures for the establishment of a firm and lasting peace and progress in fashioning a region of peace, freedom, democracy and development

Security Council
Fifty-sixth year

Letter dated 14 May 2001 from the Permanent Representative of Sweden to the United Nations addressed to the Secretary-General

I have the honour to call your attention to the statement on the upcoming electoral process in Nicaragua, issued on 8 May 2001 by the Presidency of the European Union on behalf of the European Union (see annex).

I should be grateful if you would have the text of this letter and its annex distributed as a document of the General Assembly, under agenda item 43, and of the Security Council.

(*Signed*) Pierre **Schori**
Permanent Representative of Sweden to the United Nations

01-37757 (E) 210501 210501

Annex to the letter dated 14 May 2001 from the Permanent Representative of Sweden to the United Nations addressed to the Secretary-General

[Original: English and French]

Statement on the upcoming electoral process in Nicaragua, issued on 8 May 2001 by the Presidency of the European Union on behalf of the European Union

The European Union follows with great interest the preparations for the upcoming general elections to be held in Nicaragua in November 2001.

The Union considers that a representative, inclusive and transparent electoral process would greatly contribute to the strengthening of democracy in the country.

In this respect, the Union supports a process which will enable all parties and candidates that fulfil the legal requirements to fully participate in the elections.

With a view to contributing to the satisfactory conduct of the elections, the Union is currently exploring the possibilities of offering its assistance and support, in accordance with the Nicaraguan authorities, by means of, inter alia, an election observation mission.

The Central and Eastern European countries associated with the European Union, the associated countries Cyprus, Malta and Turkey and the European Free Trade Association countries members of the European Economic Area align themselves with this statement.

United Nations A/55/948–S/2001/502

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Security Council

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Fifty-fifth session
Agenda item 40
The situation in the Middle East

Security Council
Fifty-sixth year

Letter dated 17 May 2001 from the Permanent Representative of Lebanon to the United Nations addressed to the Secretary-General

I have the honour to enclose herewith a list of the continuing Israeli aggressions conducted against Lebanon during the period extending from 27 April 2001 to 5 May 2001 (see annex).

I have the honour to request that this letter and its annex be circulated as a document of the General Assembly, under agenda item 40, and of the Security Council.

(*Signed*) Selim **Tadmoury**
Ambassador
Permanent Representative

01-37774 (E) 220501 230501

Annex to the letter dated 17 May 2001 from the Permanent Representative of Lebanon to the United Nations addressed to the Secretary-General

[Original: Arabic]

Israeli violations, 27 April-16 May 2001

27 April 2001

Between 1040 and 1113 hours Israeli warplanes heading in a northerly direction overflew the South at very high altitudes, thus violating Lebanese airspace.

28 April 2001

At 1618 hours an Israeli warplane flew over the Marj Uyun area, thus violating Lebanese airspace.

29 April 2001

Between 0904 and 1058 hours Israeli warplanes flew over Lebanese territorial waters six nautical miles west of Naqurah and over the Marj Uyun area heading north, thus violating Lebanese airspace.

Between 0925 and 1023 hours Israeli warplanes overflew the area of operations of the United Nations Interim Force in Lebanon (UNIFIL) from north to south at very high altitudes. Between 1102 and 1107 hours two warplanes overflew the same area from west to east, thus violating Lebanese airspace.

30 April 2001

Between 1044 and 1055 hours two Israeli warplanes overflew the UNIFIL area of operations from south to east at very high altitudes, thus violating Lebanese airspace.

1 May 2001

Between 0615 and 0619 hours an Israeli warplane overflew the UNIFIL area of operations from south to north at very high altitudes. Between 1615 and 1618 hours an Israeli warplane overflew the same area from east to west, thus violating Lebanese airspace.

3 May 2001

At 0512 hours an Israeli gunboat launched three illumination flares that landed 50 metres inside Lebanese territory.

Between 0905 and 0947 hours two Israeli warplanes overflew the Bint Jubayl, Beirut and Tripoli areas, thus violating Lebanese airspace.

4 May 2001

Israeli enemy forces erected a metal pole with monitoring devices and a camera mounted on it inside Lebanese territory 50 metres from Ghajar town opposite the Wazzani spring.

6 May 2001

Between 1950 and 2115 hours an Israeli warplane flew to the west of Sidon heading for Ra's Beirut and circled between Beirut and Khaldah, thus violating Lebanese airspace.

11 May 2001

Between 0030 and 0100 hours an Israeli enemy gunboat in the territorial waters of occupied Palestine off Ra's al -Naqurah fired several bursts of medium-machine-gun fire at surrounding areas.

At 0100 hours an Israeli patrol fired several bursts of medium-machine-gun fire into the air from a point inside the territory of occupied Palestine opposite the towns of Udaysah and Kafr Killa.

Between 1320 and 2015 hours Israeli warplanes heading north flew over the sea seven nautical miles west of Tyre.

Between 1950 and 1520 hours Israeli forces strafed the area around their position at Ruwaysat al-Summaqah in the occupied Shab`a farmlands with medium-weapons fire.

At 2330 hours an Israeli gunboat was seen patrolling the sea off Tyre and heading towards Sidon.

12 May 2001

At 1035 hours an Israeli Merkavah tank was seen in position in the occupied Abbasiyah area some metres from the lot where the vehicles of the pro-Lahad collaborators who fled to Israel are assembled.

At 1500 hours Israeli forces fired four 120-mm shells from one of their outposts in the occupied Shab`a farmlands at an outlying area of Shab`a town.

At 2000 hours an Israeli gunboat in the territorial waters of occupied Palestine off Ra's al-Naqurah launched an illumination flare over the surrounding area.

Between 2100 and 2130 hours an Israeli helicopter flew over the territorial waters of occupied Palestine off Ra's al-Naqurah. It then left for the occupied territories.

Between 1850 and 1905 hours Israeli occupation forces at the Ramta hill outpost in the occupied Shab`a farmlands fired several bursts of medium-machine-gun fire at surrounding areas.

13 May 2001

Between 0530 and 0600 hours Israeli enemy forces at the Ramta hill and Ruwaysat al-Alam hill outposts fired several 120-mm mortar rounds and directed a number of bursts of medium-machine-gun fire at surrounding areas.

Between 1155 and 1230 hours Israeli enemy forces at the Fatimah Gate fired several medium-weapons rounds into the air.

Between 1615 and 1700 hours Israeli enemy forces at the Ramta hill and Mazra'at Fashkul outposts in the occupied Shab'a farmlands fired several bursts of medium-weapons fire at surrounding areas.

Between 2110 and 2135 hours an Israeli gunboat in the territorial waters of occupied Palestine off Ra's al-Naqurah launched three illumination flares over the surrounding area.

Between 2230 and 2240 hours two Israeli helicopters and a reconnaissance aircraft flew over the occupied Shab'a farmlands.

Between 2240 and 2245 hours Israeli enemy forces at one of their outposts in the occupied Shab'a farmlands fired several bursts of medium-weapons fire at the vicinity of Birkat Naqqar Shab'a in the occupied farmlands.

14 May 2001

Between 0005 and 0020 hours Israeli enemy forces at one of their outposts in the occupied Shab'a farmlands fired six 120-mm mortar rounds at the area around Birkat Naqqar Sha'ba in recently liberated Lebanese territory.

At 0030 hours there were a number of explosions in the vicinity of the occupied Shi'b al-Akasir area outside Shab'a town in Hasbayya district.

Between 0925 and 0935 hours Israeli warplanes overflew the South at very high altitudes.

Between 1705 and 1725 hours there were four unexplained explosions in the Shab'a farmlands.

Between 1930 and 2000 hours Israeli warplanes overflew the South at very high altitudes.

Between 1030 and 1040 hours Israeli forces at the Ruwaysat al-Alam and Summaqah outposts in the occupied Shab'a farmlands fired several bursts of medium-machine-gun fire at surrounding areas.

At 1200 hours Israeli enemy forces at their outposts in the occupied Shab'a farmlands fired several 120-mm and 155-mm artillery and mortar rounds at the Riba' al-Tin and Khallat al-Zuhayr area outside Kafr Shuba in liberated Lebanese territory. The bombardment stopped at 1255 hours. Two Israeli helicopters and a reconnaissance aircraft also flew over the farmlands.

Between 1235 and 1440 hours Israeli enemy warplanes and two helicopters and a reconnaissance aircraft flew over the occupied Shab'a farmlands.

At 1350 hours an Israeli enemy helicopter fired an air-to-surface missile that impacted between their outposts at Ramta and Summaqah in the occupied Shab'a farmlands.

Between 1115 and 1420 hours there were several unexplained explosions in the occupied Shab'a farmlands.

15 May 2001

Between 1100 and 1300 hours Israeli enemy military vehicles was observed moving in both directions between Abbasiyah and the Shab'a farmlands.

Between 1330 and 1335 hours Israeli forces at one of their outposts in the occupied Shab`a farmlands fired two 120-mm mortar rounds at the Birkat al-Naqqar vicinity in an outlying area of Shab`a town in liberated Lebanese territory.

Between 1900 and 1955 hours Israeli warplanes overflew the South as far as Damur at very high altitudes. They then left in a southerly direction.

Between 2050 and 2100 hours Israeli forces at one of their outposts in the occupied Shab`a farmlands fired four 120-mm mortar rounds at the Naqqar vicinity in an outlying area of Shab`a town in liberated Lebanese territory.

16 May 2001

At 0650 hours an Israeli MK-type reconnaissance aircraft overflew the Bekaa area.

Between 1030 and 1035 hours Israeli enemy forces at their Ramta hill and Mazra`at Fashkul outposts fired several bursts of medium-weapons fire at surrounding areas.

Between 1030 and 1050 hours Israeli warplanes overflew the South, Mount Lebanon, the Bekaa and the North, breaking the sound barrier over Nabatiyah and Mount Lebanon.

Between 1100 and 1125 hours an Israeli reconnaissance aircraft flew over the occupied Shab`a farmlands.

Between 1505 and 1525 hours Israeli warplanes overflew the Jazzin area and the occupied Shab`a farmlands at very high altitudes.

Between 1810 and 1815 hours Israeli enemy forces proceeded to blast rocks along the road between Abbasiyah and their outpost at Mazra`at Fashkul in the occupied Shab`a farmlands.

Between 2050 and 2110 hours an Israeli gunboat in the territorial waters of occupied Palestine off Ra's al-Naqurah launched six illumination flares over the surrounding area.

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Security Council

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General Assembly
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Agenda item 64
Question of Cyprus

Security Council
Fifty-sixth year

Letter dated 18 May 2001 from the Permanent Representative of Turkey to the United Nations addressed to the Secretary-General

I have the honour to refer to the letter dated 15 May 2001 from His Excellency Rauf Denktaş, President of the Turkish Republic of Northern Cyprus (TRNC), addressed to you, which I transmit herewith as an enclosure to a letter of the same date from His Excellency Aytuğ Plümer, Permanent Representative of TRNC in New York, also addressed to you (see annex).

I wish to inform you that the Government of Turkey fully concurs with the views expressed in the letter of President Denktaş. It goes without saying that obtaining the consent of all parties, in particular those of the directly interested parties, is one of the bedrock principles of peacekeeping, and that status of forces agreements and memoranda of understanding are essential instruments for defining the rights and obligations of a peacekeeping mission in an operational area, as underlined by the Brahimi and Advisory Committee on Administrative and Budgetary Questions reports, respectively (see A/55/305-S/2000/809 and A/55/874). However, the United Nations has yet to conclude an agreement with the Turkish Cypriot party that would outline the modalities of United Nations Peacekeeping Force in Cyprus (UNFICYP) operations in northern Cyprus. Moreover, the consent of neither TRNC nor Turkey was registered by the Security Council in the context of its last two resolutions (1303 (2000) and 1331 (2000)) on the extension of the mandate of UNFICYP.

In the coming weeks, your six-monthly report on the United Nations operation in Cyprus is expected to be published, which will be followed by the anticipated extension of the UNFICYP mandate by the Security Council.

In the light of the above and on the instruction of my Government, I would like to request you to kindly reflect the views of both TRNC and Turkey, as outlined in the present letter and its attachments, in your upcoming six-monthly report on the United Nations operation in Cyprus.

01-38003 (E) 240501

I would also be grateful if the text of the present letter and its annex, including the enclosure, were circulated as a document of the General Assembly, under agenda item 64, and of the Security Council.

(*Signed*) Ümit **Pamir**
Ambassador
Permanent Representative

Annex to the letter dated 18 May 2001 from the Permanent Representative of Turkey to the United Nations addressed to the Secretary-General

[15 May 2001]

I have the honour to enclose a copy of the letter dated 15 May 2001 addressed to you by His Excellency Mr. Rauf R. Denktaş, President of the Turkish Republic of Northern Cyprus, in connection with your forthcoming report on the United Nations operation in Cyprus (see enclosure).

(*Signed*) Aytuğ **Plümer**
Representative
Turkish Republic of Northern Cyprus

Enclosure

[15 May 2001]

On the eve of the publication of your six-monthly report on the United Nations Operation in Cyprus covering the first half of 2001, I deem it necessary to bring to your kind attention the following points, which I believe should be given due consideration and coverage in your report.

As a matter of priority, any references to the so-called "Government of Cyprus" or to its by-products, such as the "National Guard" or "Cyprus Police", should be avoided in the report. Such terminology reflects neither the realities nor the legal/legitimate status in Cyprus.

In connection with an issue of utmost importance, namely the issue of consent, I wish to recall the implications of the two previous instances involving the adoption by the Security Council of its resolutions 1303 (2000) and 1331 (2000) and the abandonment of the well established practice of issuing an addendum to your report. I wish to reiterate that in December 1999, the addendum had referred to the principle of **consent** and the need "**to develop modalities of United Nations Peacekeeping Force in Cyprus (UNFICYP) operations in northern Cyprus**". Not only has the United Nations since refrained from concluding an agreement with the Turkish Cypriot party, which would comprise such modalities, but no reference has been made to the principle of consent and the well established practice of issuing and addendum has been dropped altogether.

I hope and trust that the same mistaken procedure will not be repeated in your report and that an addendum will be issued, underlining the need to obtain the consent of the Turkish Cypriot party for the extension of the mandate of UNFICYP for a further six-month period and to develop the modalities of UNFICYP operations in Northern Cyprus. To that end, I wish to inform you that we are prepared to continue and conclude the discussions that we had undertaken with UNFICYP authorities with a view to developing such modalities.

In that connection, I wish to draw your kind attention to the report of the Advisory Committee on Administrative and Budgetary Questions (ACABQ) concerning United Nations peacekeeping forces, issued on 6 April 2001 (A/55/874). Paragraph 27 of the said report clearly states that "**status of forces agreements and memoranda of understanding are essential instruments for defining the rights and obligations of the missions in the operational area**". In the report, the concern of the Committee is also expressed regarding United Nations operations which are conducted without such instruments being in place, and the report cites a number of examples of the difficulties facing United Nations forces around the world as a result. The findings of the Committee clearly support the need for the conclusion of an agreement between the United Nations and the Turkish Cypriot party for the successful conduct of mission operations.

I also wish to recall that until June 2000, in one way or another, the consent of both parties had been sought by the Security Council. This is in line with the United Nations principle that peacekeeping in any area of the world is conducted with the consent of the parties involved, regardless of any political considerations. In this context, it is noteworthy that the high-level panel which convened in March 2000 under your auspices to undertake a thorough review of United Nations peace and

security activities concluded the following as the guiding principles of a United Nations peacekeeping operation:

> "**The Panel concurs that consent of the local parties, impartiality and use of force only in self-defence should remain the bedrock principles of peacekeeping.**" (see A/55/305-S/2000/809)

Indeed, most recently such consent was sought from and given by the Government of the Turkish Republic of Northern Cyprus in connection with the upcoming replacement of the Austrian contingent with the Slovak contingent, and it was requested that our consent would be reflected in your upcoming report. It is our justified expectation that this position will be duly incorporated in your report.

A humanitarian issue that we believe should also be addressed in your report is the continuation of the inhuman embargoes imposed on the Turkish Cypriot people by the Greek Cypriot administration, aimed at bringing about the economic, social and political subjugation of the Turkish Cypriot people, the same party with whom the Greek Cypriots are supposed to form a **new partnership**. These embargoes, which have been recorded in some of the previous reports of the Secretary-General to the Security Council and to the Economic and Social Council, extend to all spheres of life, including commercial, sporting and cultural activities as well as travel and communications (see S/1998/488, sect. B, para. 15, and E/CN.4/2001/31, para. 7). As these embargoes continue with full force, we believe that reference to them must also continue in your reports.

There can be no justification for ignoring such a gross and blatant violation of the human rights of the Turkish Cypriots since 1963, when even the normal living conditions of a small number of Greek Cypriots residing in the TRNC are unjustifiably kept under close scrutiny and observation. This seems to us like the result of a chronic double standard vis-à-vis the two parties to the Cyprus dispute, to the disadvantage of the Turkish Cypriot side.

A specific case of the practice of double standards has been the attitude adopted towards the forceful abduction of Turkish Cypriot citizen Ömer Gazi Tekoğul by Greek Cypriot policemen from the only mixed village of Pyla, which is under UNFICYP control. It should be stressed that Pyla is situated in the United Nations-controlled buffer zone, where the Greek Cypriot police have no right to be present let alone make an arrest. To add insult to injury, after a 110-day ordeal at the hands of the Greek Cypriot police, on 20 March 2001 Mr. Tekoğul was "sentenced" to 10 years in jail on the fabricated charge of possessing and intending to supply narcotic substances. The United Nations has so far been totally silent on this matter although it knows full well that the aforesaid individual was abducted from a United Nations-controlled area. We hope and expect that this silence is broken and the case of this unfortunate victim of Greek Cypriot violation of human rights finds due coverage in your upcoming report.

It should be noted that the Greek Cypriot administration continues to arm itself with the purchase of sophisticated weaponry at an expenditure rate in excess of two million dollars a day, which, in per capita terms, is among the highest in the world. The amount of money earmarked for armaments for the period covering 1997-2001 is approximately US$ 2.25 billion, as also confirmed in Greek and Greek Cypriot press reports (see, for example, the Greek Cypriot weekly magazine, *Periodiko*, of 23 July 1999) and other public sources.

In the context of the implementation of the "Joint Military Doctrine", the Greek-Greek Cypriot duo have recently carried out provocative military exercises, code-named *Toxotis-Vergina*, on 25 and 26 April 2001. Among the sophisticated weaponry featured in these exercises, carried out in the South Cyprus-Crete-Rhodes triangle, were Bell helicopters recently donated by Greece, as well as TOR-M1 and S-300 missiles stationed, respectively, in South Cyprus and Crete. Greek warplanes, transport planes, Greek warships and a submarine also took part in the naval exercises held near the Paphos coast.

A potentially dangerous development of late has been the Greek Cypriot side's rekindling of the S-300 missiles issue. Mr. Clerides, at a news conference of 2 April 2001, has expressed the intention of the Greek Cypriot leadership to deploy the S-300 missiles on the island, by boasting: "**We could bring the S-300s at any time**" (English language Greek Cypriot daily, *Cyprus Mail*, of 3 April 2001).

The policy of escalation and tension pursued by the Greek Cypriot side is not confined only to the above-mentioned massive armament programme or the joint military exercises carried out with Greece but also involves statements of an extremely provocative nature. In this regard, I would like to refer to the anti-Turkish slogans chanted in a Greek Cypriot military camp during routine training exercises, which appeared in the Greek Cypriot daily, *Haravgi*, dated 22 March 2001, under the apt heading "*Chauvinistic Slogans at the Greek Cypriot National Guard*":

> "**Turks, Turks, you will die. You will die in front of the blue and white flag.**"

and

> "**All Turks must be driven out to sea**".

The Greek Cypriot National Guard officer conducting these exercises, upon being questioned by an ordinary Greek Cypriot about the "wisdom" of using such chauvinistic slogans, defended this practice by the shocking remarks "**What are you bothered about? We <u>will</u> kill all Turks!**"

These slogans are yet another demonstration of the fact that the planting of seeds of hatred towards the Turkish Cypriot people in the minds of Greek Cypriot youths, whether military or civilian, is institutionalized on the Greek Cypriot side and is passed from generation to generation. This clearly points to the urgent need to address the issue through appropriate confidence-building measures.

I would appreciate it if the above-mentioned views are taken into due consideration in the interests of issuing an impartial, fair and in-depth report reflecting the realities of the island.

(*Signed*) Rauf R. **Denktaş**
President

United Nations A/55/950–S/2001/512

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Security Council
Fifty-sixth year

Strengthening of the coordination of humanitarian and disaster relief assistance of the United Nations, including special economic assistance: Strengthening of the coordination of emergency humanitarian assistance of the United Nations

Comprehensive review of the whole question of peacekeeping operations in all their aspects

Letter dated 21 May 2001 from the Permanent Representative of Japan to the United Nations addressed to the Secretary-General

I have the honour to transmit to you herewith the Chairman's Summary of the international seminar entitled "Seminar on the Safety of United Nations Peacekeepers and Associated Personnel Working in Conflict Zones", which was held from 15 to 16 March 2001 in Tokyo (see annex).

I should be grateful if you would have the present letter and its annex distributed as a document of the fifty-fifth session of the General Assembly, under agenda items 20 (a) and 86, and of the Security Council.

(*Signed*) Yukio **Satoh**
Ambassador Extraordinary and Plenipotentiary
Permanent Representative of Japan to the United Nations

01-38325 (E) 250501

Annex to the letter dated 21 May 2001 from the Permanent Representative of Japan to the United Nations addressed to the Secretary-General

Seminar on the Safety of United Nations Peacekeepers and Associated Personnel Working in Conflict Zones, Tokyo, 15-16 March 2001

Chairman's Summary

The Seminar on Safety of United Nations Peacekeepers and Associated Personnel Working in Conflict Zones was held in Tokyo on 15 and 16 March 2001 with the participation of the United Nations and other international organizations, as well as representatives of Governments and institutions from 12 countries.

The Tokyo Seminar was the seventh in a series of international seminars under the topic "Challenges of Peacekeeping and Peace Support: Into the Twenty-first Century". The objective of the seminar was to discuss ways and means of enhancing the security of personnel working in the field.

Through the discussions at the seminar, the following were identified as the most important issues to consider.

Issues in the field

There is growing concern that greater importance was attached to political considerations than staff safety and security, and there was insufficient confidence among personnel in the system's ability to provide security. Problems cited were inadequate threat assessment and inadequate attention to preventing abductions and securing release of hostages; the fact that rules of engagement are not uniformly applied; and that communications equipment and logistical support were inadequate. Among the needs cited by participants were: a clear delineation of command and control to Force Commander; a minimization of the distinction between military peacekeepers and associated civilian personnel; trauma and stress counsellors for peacekeepers and associated personnel; and greater coordination with organizations and peacekeeping efforts outside the United Nations, and with personnel in the field from different organizations. It was suggested that each peacekeeping operation force headquarters should have a dedicated "force safety branch" under the control of the Chief of Staff; and that security plans should also cover non-military personnel. Consideration should also be given to the clarification and application of policies regarding dependants, local staff and NGOs.

Issues at United Nations Headquarters

Secretariat

The lack of a clear line of authority or accountability in the management of security within the United Nations system and the need for a coherent security management plan for the system as a whole were discussed. It was suggested that a full-time Security Coordinator should be appointed at the Assistant Secretary-General level with full and system-wide authority, and also that the staff working on mission security issues should be increased. Others suggested that a coordination

body within the Secretariat be established to handle information on the safety of personnel working in conflict zones, with a corresponding body in each field mission in which all components are represented, and that the Special Representative of the Secretary-General, Force Commander and civil, political and humanitarian representatives should formulate a joint strategy on security. The need for an intelligence cell in the Department of Peacekeeping Operations was also cited. In order to achieve closer interaction between the Secretariat and Member States, it was recommended that the Secretariat brief members of the Special Committee on Peacekeeping Operations.

It was noted that the United Nations Security Coordinator's Office was underfunded, and disappointment was expressed with positions taken by the Advisory Committee on Administrative and Budgetary Questions (ACABQ) and in the Fifth Committee with respect to financial support for safety and security measures. The suggestion was made that the Special Committee on Peacekeeping Operations approach ACABQ in this regard, and that core costs of security be covered from the regular United Nations budget. The call was made to resolve the stumbling block in the General Assembly on cost-sharing.

Security Council

There was a perception that peacekeeping operations mandates were not clearly thought out and often resulted in "mission creep", and that the Security Council took decisions that could expose troops to danger without consulting troop contributors. Mandates should be clear and practical, and supported by appropriate forces and equipment. It was suggested that security could be increased if mandates included arrangements for disarmament and demobilization.

Other related issues

Training

The opinion was expressed that there was a need for the United Nations to take training more seriously. Needs cited were: compulsory pre-mission and in-the-field training for all personnel, including civilians, and the development of "best practices"; training in urban warfare; training for all peacekeepers and associated personnel on their legal rights and obligations. It was also suggested that the United Nations should have a training organization with the capability to run its own large-scale courses.

Member States

Member States were called upon to extend appropriate cooperation, including during the planning phase, and were encouraged to ratify the 1994 Convention on the Safety of United Nations and Associated Personnel.

Public information

The need was cited for constructive management of media to create a more positive image among local populations, and it was suggested that the Trust Fund for Promotion of Public Relations Activities in Peacekeeping be more effectively utilized.